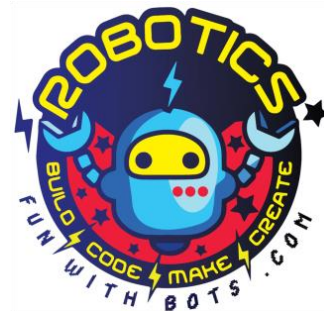


# FunWithBots, Inc. Registration Packet Cover Sheet

Session (Circle one)

Monday	Tuesday	Wednesday	Thursday	Fr,Sa,Su
Clearwater	South Tampa	South Tampa	Riverview	
Tampa Palms		Wesley Chapel		



(Please print legibly and complete one set of forms per participant.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday(mm/dd/yy): \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical or Allergies that we need to know about: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Checklist:

\_\_\_\_ Registration/Coversheet Form

\_\_\_\_ Medical Information Sheet

\_\_\_\_ Contractual Waiver Form

\_\_\_\_ Disciplinary Policy

\_\_\_\_ Photography/Video Release

\_\_\_\_ Payment Confirmed

Once we confirm enrollment, refunds are available only per our published refund policy. Complete details, terms and conditions can be found on our website at <http://funwithbots.com>. Camp and club sessions are available on a first-come/first-served basis. Space is limited.

Signature of Parent / Guardian: \_\_\_\_\_ Date \_\_\_\_\_ Rev 702b

By signing this form, you agree that you have read and understand all of the policies and agreements for the FunWithBots After School, Summer Camp and Community Club programs. Please make checks and money orders payable to FunWithBots, Inc.

**FUN WITH BOTS, Inc**  
**CONTRACTUAL WAIVER FORM**

For good and valuable consideration of the privileges in membership to the Fun With Bots, Inc. ("FunWithBots") Programs, I \_\_\_\_\_, the undersigned, as parent or legal guardian of \_\_\_\_\_, a minor participant ("Participant"), hereby voluntarily enter into this legally binding contractual waiver ("Agreement"). This Agreement is binding upon and inures to the benefit of the parties hereto, their applicable heirs, personal representatives, and assigns. This Agreement may not be assigned and may not be amended without mutual written consent of the parties hereto.

**Liability Release:** The undersigned hereby grants the permission necessary to allow Participant to participate in After School, Community and Summer Camp Programs ("Programs") to be conducted by FunWithBots. Parties hereto hereby release and hold harmless FunWithBots and its members and any other person or entity having an interest in any facilities owned, operated or used by FunWithBots, together with their respective agents, employees, representatives, members, managers or owners ("Releasees"), from any and all liability for injury or damages of any kind, arising out of or connected with Programs, including any claim arising out of or connected with any illness or injury that the Participant may sustain during the any Programs and all activities associated with these Programs, and including any liability arising out of any negligent act by any Releasee.

Undersigned, in my own behalf and on behalf of the Participant, hereby warrant that I have read this Liability Release in its entirety, fully understand its contents, am aware that this Liability Release releases Releasees from liability which contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness, and have signed this document voluntarily and of my own free will.

**Medical Release and Authorization:** The undersigned, Participant's parent or legal guardian, hereby warrants that the Participant is physically fit and able to participate in the Program activities, and consents to any employee, agent, or other personnel affiliated with the Programs to seek medical attention and treatment or other measures deemed necessary or advisable in the discretion or judgment of the Programs in the event of an accident, sudden illness, or other condition that occurs while Participant is in the care or supervision of any Program. Undersigned further understands that the Programs will make reasonable efforts to notify any or all parents/legal guardian in the case of a medical emergency or other condition, but authorizes the Programs to seek such care or treatment, and for any care or treatment to be administered, even in the event that no parent/legal guardian is not contacted prior to the seeking or rendering of such care, treatment, or other measure. The undersigned agrees to release the Releasees from any and all liability for such decisions or actions in seeking medical care, and agrees to pay the costs and fees for the medical care or treatment authorized under this medical release and authorization.

**Severability:** Any provision of this Agreement that is prohibited or unenforceable in any jurisdiction, shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof or affecting the validity or enforceability of such provision in any other jurisdiction.

**Dispute Resolution Provision:** Any controversy or claim between the parties arising out of this Agreement must be settled by binding arbitration in Hillsborough County, Florida before a mutually agreed upon qualified arbitrator in lieu of judicial proceedings. If the parties cannot agree on an arbitrator, then either party may petition a court of competent jurisdiction for the appointment of a qualified arbitrator. The arbitrator will have no power to change the provisions of this Agreement, but shall have the power to decide all issues in controversy. The determination of the arbitrators will be conclusive and binding upon the parties to this Agreement, and judgment upon the award rendered may be entered in accordance with applicable law in any court having jurisdiction thereof. The prevailing party shall be entitled to an award of reasonable attorney fees and costs.

**Governing Law:** This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, without regard to its conflicts of law's provisions.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**FUN WITH BOTS, INC.  
PHOTOGRAPHY/VIDEO RELEASE**

I \_\_\_\_\_, the undersigned, as parent or legal guardian of \_\_\_\_\_, a minor participant ("Participant"), hereby grant Fun With Bots, Inc. permission to use my or my child/ward, likeness video and/or photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Fun With Bots, Inc. and will not be returned.

I hereby authorize Fun With Bots, Inc. to edit, alter, copy, exhibit, publish, or distribute this video/photo for purposes of publicizing Fun With Bots, Inc.'s programs or any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein said likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the video/photograph.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

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**FUN WITH BOTS, INC.  
Classroom Management Plan / Disciplinary Policy**

**Behavior Expectations:**

- 1. Respect yourself.** Speak up to your partners to make sure you get your turn and that your ideas are heard and considered. Try to solve "the problem" yourself. If you can't solve the problem, ask an Instructor for assistance.
- 2. Respect others.** Always use kind and encouraging words. Keep hands, feet, and objects to yourself. Never disassemble other students' builds.
- 3. Respect the materials and classroom environment.** Treat all materials with care. No roughhousing. Never throw LEGOs. We are guests in the space. Leave it better than you found it. Never touch things that are not part of robotics class.

**Consequence Ladder:**

- 1st infraction.** Student is reminded of our Classroom Rules and redirected.
- 2nd infraction.** Student sits out from the group for reflection. Student returns to the group when the instructor is confident the student will not exhibit the behavior again. Discussion with parent either verbally at dismissal or by email.
- 3rd infraction.** Student is sent home for the day. Parent will be called to pick the child up early from class. Student may return to class the following day if scheduled. No prorated tuition will be refunded.
- 4th infraction.** Student is removed from the class roster for the duration of the current class. Depending upon the infraction, the Program Director may or may not allow the student to enroll in future classes. No prorated tuition will be refunded.

**Zero Tolerance:**

FunWithBots strives to provide an inclusive, safe, and nurturing environment for all students. To that end, all instructors are trained in positive redirection and utilize hierarchy of disciplinary actions to allow students an opportunity to self correct.

Student behavior that endangers the emotional and/or physical well being of another student or an instructor is considered Zero Tolerance. In such a case, the disciplinary action will jump directly to the 3rd or 4th infraction consequence outlined above, depending upon the severity of the behavior.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

FUN WITH BOTS, INC.  
EMERGENCY MEDICAL INFORMATION SHEET

CAMPER'S NAME \_\_\_\_\_

CAMPER'S AGE \_\_\_\_\_ CAMPER'S BIRTHDAY (mm/dd/yy): \_\_\_\_\_

ALLERGIES OR MEDICATIONS\*: \_\_\_\_\_

MEDICAL CONDITIONS THAT WE SHOULD KNOW:

DIETARY RESTRICTIONS: \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT (OTHER THAN PARENT):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone No.

PARTICIPANT'S PHYSICIAN \_\_\_\_\_ PHONE NO. \_\_\_\_\_

MEDICAL INSURANCE CARRIER: \_\_\_\_\_

INSURED'S NAME: \_\_\_\_\_ GROUP #: \_\_\_\_\_

PARTICIPANT'S INSURANCE ID NUMBER: \_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN NAME (Mother)

\_\_\_\_\_  
PARENT / GUARDIAN NAME (Father)

DAYTIME PHONE (m) \_\_\_\_\_

DAYTIME PHONE(f) \_\_\_\_\_

EVENING PHONE (m) \_\_\_\_\_

EVENING PHONE (f) \_\_\_\_\_

\* OUR STAFF IS NOT PERMITTED TO DISPENSE MEDICATION. PLEASE MAKE ARRANGEMENTS ACCORDINGLY.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Parent/Legal Guardian signature is required for PARTICIPANTS under the age of 18.

Rev 2209